



Outline for a Community Ombudsman Program in Connecticut

**Report of the
Office of the Long-Term Care Ombudsman and
the Department of Social Services**

**Issued on January 1, 2020 in accordance with Special Act 19-18,
*An Act Concerning a Community Ombudsman***

AN ACT CONCERNING A COMMUNITY OMBUDSMAN
Special Act No. 19-18
(Substitute Senate Bill No. 804)

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. (Effective from passage) The State Ombudsman, appointed pursuant to section 17a-405 of the general statutes, and the Commissioner of Social Services shall develop a Community Ombudsman program to investigate complaints concerning care received by recipients of home and community-based services administered by the Department of Social Services. Not later than January 1, 2020, the State Ombudsman and the Commissioner of Social Services shall submit a report to the joint standing committees of the General Assembly having cognizance of matters relating to aging and human services identifying: (1) The persons to be served in the Community Ombudsman program, (2) the types of services to be offered under such program, and (3) appropriations needed to staff the Community Ombudsman program. Approved July 1, 2019

This report is issued in accordance with Special Act No. 19-18, An Act Concerning a Community Ombudsman. Under that Act, the Office of the Long-Term Care Ombudsman and the Department of Social Services were directed to develop a proposal for a new Community Ombudsman program which would investigate complaints concerning care received by recipients of home and community-based services administered by the Department of Social Services. This report was to be submitted to the General Assembly's Human Services Committee and Aging Committee on or before January 1, 2020.

Under Connecticut General Statutes Sections 17a-405 through 17a-422, the Office of the Long-Term Care Ombudsman, (also known as the Long-Term Care Ombudsman Program or LTCOP) under the supervision of the State Ombudsman, operates a program to "identify, investigate and resolve complaints" about the care and treatment of individuals residing in long-term care facilities in the state. The State Ombudsman directs eight Regional Ombudsmen among a total staff of 12 state employees to handle over 3,000 complaints each year. The Office is assisted by volunteer Resident Advocates who visit specific facilities as part of the entire effort of ongoing outreach and advocacy. Together, these Regional Ombudsmen and Resident Advocates are available to over 30,000 residents in over 300 long-term care communities in Connecticut including nursing homes, residential care homes and assisted living communities. As in all states, the LTCOP is conducted under the authority and auspices of the federal Older Americans Act of 1965 (OAA, Title VII, Chapter 2, Sections 711 and 712). In Connecticut, the LTCOP is housed in the Department of Aging and Disability Services (ADS).

The Department of Social Services administers several Medicaid and state funded home and community-based services programs (HCBS). In total, approximately 25,000 individuals are currently being served by these programs in the state of Connecticut. That number will likely increase in the future.

In contrast with the existing Long-Term Care Ombudsman Program (LTCOP), the expansion of these services proposed in the Special Act is referred to as a Community Ombudsman Program. While the 30,000 residents of long-term care facilities benefit from the services and advocacy of the Office of the Long-Term Care Ombudsman, the 25,000 state recipients of home and community-based supports are not eligible for and are not provided services by the LTCOP. This report undertakes to estimate the staff, funding and resources that would be required to extend the services of the Ombudsman to this population that is not served by the Ombudsman now.

We feel it is important for the legislature, advocates for a Community Ombudsman program and other interested parties to know that such an expansion will be a very complex undertaking. The service providers and stakeholders are very different than those the LTCOP works with now. The Office of the State Ombudsman will have to explore and develop very different protocols of contact and collaboration. Strategies and tactics for advocacy and investigation will need to be reformulated for a different population of consumers and a different geography of service. We expect that the roll-out of a new program, even if

adequately financed, will take much longer than might be first anticipated by proponents of the new service. In addition, while we offer good-faith projections of the necessary funding below, it might also be the case that unforeseen needs will require additional funding. In all, the creation and development of this program might require more time to establish and more financial resources than can be predicted with precision at this time.

It should be noted that there are many thousands of people in Connecticut who receive support services in their home or other community settings. However, Special Act 19-18 focuses on extending Ombudsman services just to those directly assisted by these DSS HCBS programs in order to expand the program to a defined, limited and knowable number of persons. Such a limitation on the expanded population to be served will also aid in controlling the administrative burden of defining the persons to be served.

For the purpose of this report we are defining the statutory requirement of “recipients of home and community-based services administered by the Department of Social Services” to include individuals who are either at risk of institutionalization or meet nursing home level of care. This includes people who are 18 and over, participating in any of the following programs:

- MFP – Money Follows the Person
- CHCPE – Connecticut Home Care Program for Elders
- ABI Waivers – Medicaid Waivers for Individuals with Acquired Brain Injury
- PCA Waiver – Medicaid Waiver for Personal Care Assistance
- CHCPD – Connecticut Home Care Program for Disabled Adults
- MH Waiver – Mental Health Waiver
- CFC – Community First Choice – CFC is a specified Medicaid State Plan service

Persons being served in home and community-based settings would be entitled to the full array of Community Ombudsman services and advocacy, including:

- the Right for individuals and/or their identified representative to
 - file or register a complaint and request an investigation
 - be treated with dignity and respect
 - understand one’s rights - with assistance if needed
 - live free from abuse, neglect and financial exploitation
 - receive support with appeals or grievances
 - be protected from discrimination
 - fully participate in every decision impacting one’s life
 - have privacy and copies of medical records
 - protection from retaliation
 - know whom to contact

- the Right to Advocacy and Support from the Office of the State Ombudsman which will
 - provide information about home and community-based services
 - promote access to home care services
 - advocate for long-term care options
 - advocate for quality home and managed care services
 - identify, investigate and resolve complaints
 - coach individuals in self advocacy
 - provide referrals for legal, housing and social services

In support of an expanded Community Ombudsman program, the Office of the State Ombudsman will:

- provide systems advocacy
- recommend changes in Federal, State and local laws, regulations, policies and actions pertaining to the health, safety, welfare, and rights of people receiving home and community-based services administered by the Department of Social Services
- provide information to public and private agencies, legislators, the media and other persons, regarding the problems and concerns of older adults and people with disabilities
- advocate for improvements in the long-term services and supports system
- provide community education about the Community Ombudsman Program and services
- collaborate with other state programs and services to design and implement an elder rights agenda within the Aging Network

While the population receiving Long-Term Services and Supports from DSS is only a portion of those receiving supports in the community, it is a large number. As noted above, the estimate is roughly 25,000 and growing. In addition, this population will present service challenges well beyond those facing the Office of the State Ombudsman in its current work serving long-term care residents. Persons to be served in the “community” are spread out in small group residences and many are even more spread out across single family homes and apartments throughout the state. More travel between visits and coordination of those visits will be required. None of the efficiencies of visiting several residents in one visit to a nursing home of 50 or 150 persons will exist. Nor will there be the efficiency of communicating and working with one or a few assisted living facilities to advocate for several residents. It has also been the experience of some states that home care cases are more complex and time-consuming and that much more work is required for effective outreach to a population that is much less compact than that in long-term care facilities.

It is predicted that the Office of the State Ombudsman will need more Regional Ombudsmen to serve this disparate population than are currently required to serve the residents of long-term care facilities. The current program utilizes eight Regional Ombudsmen, and it is anticipated

that the Community Ombudsman Program would require 12 Regional Ombudsmen. A new Ombudsman Supervisor will be required to oversee the Regional Ombudsmen. One Secretary will be needed initially to support the staff and a second secretary will be needed as the program reaches its full complement.

Community Ombudsman Program Expansion Cost Estimates

Personnel Expense

Staffing - (staffing costs include salary and fringe benefit costs at 95% of salary)

Salary for 1 Ombudsman Supervisor @ \$79,721 =	\$79,721
Fringe benefits for 1 Ombudsman Supervisor @ \$75,735 =	\$75,735
Salaries for 12 Regional Community Ombudsman @ \$72,017 per year =	\$864,204
Fringe benefits for 12 Regional Community Ombudsman @ \$68,416 per year =	\$820,992
Salary for one Secretary 2 @ \$50,663 =	\$50,663
Fringe benefits for one Secretary 2 @ \$48,130 =	\$48,130
Total Personnel Costs -Year One	\$1,939,445
Year Two - add a second Secretary 2 - salary and fringe	<u>\$98,793</u>
Total Personnel Costs - Year Two	\$2,038,238

Other Expenses

Computers –

14 laptops @ \$2,500 each X 14 =	\$35,000
----------------------------------	----------

Desk Phones –

14 phones @ \$300 each x 14	\$4,200
-----------------------------	---------

Case Management System

\$15,000 annually	\$15,000
-------------------	----------

Cell phones and VPNs –

12 cell phones at \$660 per year and 12 VPNs at \$5 per year	\$7,980
--	---------

State cars -

12 state cars at \$9,264 each per year = \$111,168

Office space (including phones) –

12 offices co--located at other state agencies @ \$2,500 per year \$30,000

(3 administrative staff to be housed at LTCOP Central Office)

Total Other Expenses Year One **\$203,348**

Total Other Expenses Year Two (excludes computer/phone purchase) \$164,148

Known program expansion cost per year – Year One* **\$2,142,793**

Known program expansion cost per year – Year Two* **\$2,202,386**

*The range of services and providers that are available to an older adult or a person with a disability in the community is more diverse than the range of services and providers available in a nursing facility, residential care home or assisted living facility. Therefore, the development of a Community Ombudsman program will need to begin with a resource mapping exercise to identify the entities who might already be interacting with the population of interest out in the community. Examples might include Protective Services for the Elderly, Aging and Disability Resource Centers, Area Agencies on Aging, Independent Living Centers, home care agencies, Department of Developmental Services and Disability Rights Connecticut. This would be followed by a clear delineation of roles and responsibilities between the various parties, including the new Community Ombudsman staff. As a result, we anticipate additional costs associated with program design, rollout, resource mapping, community input, community outreach, evaluation component and accessibility services.

In addition to funding, the creation of a Community Ombudsman program will require additional legislation granting authority to meet this mandate. The full scope of the authority and legislation needed cannot be known until resource mapping of current resources and responsibilities is completed.

Submitted by the

Office of the Long-Term Care Ombudsman and the Department of Social Services

December 31, 2019

Please contact:

Mairead Painter – State Ombudsman

Office of the Long-Term Care Ombudsman

55 Farmington Avenue

Hartford, Connecticut 06105

(860) 424- 5200

Deidre S. Gifford, MD, MPH

Commissioner, State of Connecticut, Department of Social Services

55 Farmington Avenue

Hartford, Connecticut 06105

(860) 424- 5262